

FILED DEC 18 1950

#11769

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

42921

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1002

Registrar's No.

10387

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. STREET ADDRESS 4163 McPherson

2199

3. NAME OF DECEASED (Type or Print)

a. (First)

FRED

b. (Middle)

c. (Last)

THOMPSON

4. DATE OF DEATH (Month) (Day) (Year) December 4th, 1950

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6-29-1890

9. AGE (in years last birthday)

60

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sheep metal Wkr

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hopewell

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Robt F Thompson

13b. MOTHER'S MAIDEN NAME

Eliza Kine

14. NAME OF HUSBAND OR WIFE

Ethelene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

416-3-162919

17. INFORMANT'S SIGNATURE OR NAME

Ethelene Thompson

ADDRESS

4163 McPherson

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

MEDICAL CERTIFICATION

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

9 mo

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

193X

22. I hereby certify that I attended the deceased from 10/27/50 to 12/4/50, 19, that I last saw the deceased alive on 12/4/50, 19, and that death occurred at 5:30 am, from the causes and on the date stated above.

23a. SIGNATURE

Gary B. Hood M.D.

23b. ADDRESS

1515 Lafayette Ave.,

23c. DATE SIGNED

12/4/50

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

12-7-50

24c. NAME OF CEMETERY OR CREMATORY

Hopewell Cem

24d. LOCATION (City, town, or county)

Hopewell

(State)

MO

DATE REC'D BY LOCAL DEC 6 1950

REGISTRAR'S SIGNATURE

J. B. Laster

25. FUNERAL DIRECTOR'S SIGNATURE

Truth Center Mortuary

ADDRESS

Hindell

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4653

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.